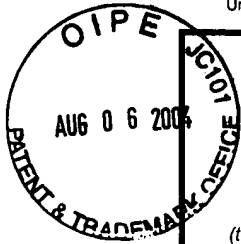


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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/751,519
		Filing Date	December 29, 2000
		First Named Inventor	Min Zhu
		Art Unit	2184
		Examiner Name	Michael C. Maskulinski
Total Number of Pages in This Submission	17	Attorney Docket Number	24333/81401

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard PTO-1449 form listing 8 references
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Philip W. Woo, Reg. No. 39,880
Signature	
Date	August 5, 2004

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